Conclusion

The most important finding from these observations is that in the urethral type of mixed infection the incubation period of the lymphogranuloma venereum virus is considerably shortened and that the signs (preputial oedema, lymphangitis of the coronal sulcus and dorsum penis and marked involvement of the deep iliac lymph glands) usually appear at, or a few days after, the onset of the urethral discharge.

REFERENCES

Coutts, W. E. (1935) *Ann. Mal. vénér.*, **30**, 26.
—— and Martini, J. (1938) *Z. Urol.*, **32**, 439.
—— and Vargas, R. (1936) *Ann. Mal. vénér.*, **31**, 895.
Espildora, C., and Coutts, W. E. (1942) *Amer. J. Ophthal.*, **25**, 916.
Gibson, P. L. (1931) *Brit. J. vener. Dis.*, **7**, 243.
May, J. (1938) *Rev. Uruguaya Dermat. y Sifil.*, **3**, 320.

ANNOTATIONS

ANTI-VENEREAL MEASURES IN THE SOVIET UNION

Report from the Anglo-Soviet Medical Council

Venereal diseases were very widespread in Tsarist Russia, especially among the population of the national minorities; it is estimated for instance that 30 per cent of the Yakut population were infected with syphilis. In Moscow in 1914 there were for every 10,000 of the population approximately 388 patients with venereal diseases of whom 56·9 per cent had been infected by prostitutes. On the other hand, in the rural areas, although the number was less, many persons were infected extra-genitally through what was known as "custom syphilis," that is, syphilis spread by customs such as kissing ikons, feeding babies on chewed bread, smoking communal water-pipes, or drinking from the same cups. During and after the war of 1914-18, soldiers returning to their homes increased the incidence of gonorrhoea in particular. Professor Sysin and others state that even according to incomplete data, in 1913 there were 76·8 cases of syphilis per 10,000 of the population of the country as a whole.

The Soviet anti-venereal campaign

With the advent of Soviet power, the medical authorities were faced with an almost overwhelming problem with regard to the epidemic diseases such as typhus. Notwithstanding this, one of the earliest measures was to institute a campaign against venereal disease. There were two main directions of attack—against venereal diseases as such, and against prostitution as an institution.

A series of medical institutions were set up. Registration of venereal diseases had officially been compulsory since Tsarist days. In addition two new laws were passed in 1927, one making the infecting with venereal diseases of a sexual partner punishable by up to three years' imprisonment, and the other making treatment compulsory. The authorities state, however, that the latter law has to be applied but rarely, largely as the result of popular education regarding the importance of treatment.

With regard to rural areas, one of the health duties of the village Soviets, which number about 70,000, is to take all necessary steps for the organization of the fight against venereal diseases.

The *Journal of Venereology and Dermatology* is published monthly.

Organization of treatment

The basic unit for the prevention and treatment of venereal diseases, as of tuberculosis, is the local dispensary. This may be one of the departments of the polyclinic or it may be a separate institution. In 1937 there were 1,476 dispensaries in the cities. In rural areas, where the population is widely scattered, use is made of travelling dispensaries and of "flying squads" of doctors and nurses.

In Moscow the following provisions were available in 1937: the Bronner Institute (named after Professor Bronner who organized the campaign) which has 440 beds, twelve smaller institutes elsewhere in the city, and thirty dispensaries affiliated to the Institute.

The Bronner Institute may be regarded as the centre of the campaign. It is responsible not only for the treatment of patients attending there, but organizes post-graduate training, carries out research and generally coordinates anti-venereal work throughout the country. In the fifteen years from its foundation in 1919, 2,800 doctors attended post-graduate courses there. These courses are of two types, a longer course lasting from two to four months, and a shorter one of ten days, the latter being intended for general practitioners. (All doctors are expected to attend post-graduate courses every three years for three or four months. They receive their normal salary while attending, and the cost of the course, including board and lodging, transportation and new text-books, are covered by the State.) In addition the Bronner Institute sends its members into the provinces to give courses to local practitioners.

All patients who attend a dispensary are seen, after their first visit, by appointment. The dispensaries are open early and remain open until late at night in order to minimize patients' difficulties in attending. At the first visit the patient is given a number so as to ensure the greatest degree of secrecy, and thereafter he need not give his name. Everything is done to make attendance as easy as possible and to put the patient at his ease. Patients are sent to hospital during the infectious stages and receive full sick benefit when not working.

If a patient ceases to attend before treatment is completed, he is visited by a nurse, who inquires into the reasons, points out the serious consequences which may arise for himself and others, and encourages him to persist until clear of the disease. The duties of the dispensaries do not end with treatment. They are also required by law to endeavour to trace contacts and to take part in anti-venereal work. In 1938, there were 2,225 institutions for the treatment of venereal diseases, served by 5,000 doctors.

Contacts

Every effort is made to ensure that patients realize the nature and possible consequences of the disease, with the result that they frequently bring with them for examination the person from whom they contracted the infection. The dispensary staff also inquires into the question of contacts. In this way about 50 to 60 per cent of contacts are traced. Patients are encouraged to bring members of their family for examination, and although it is not compulsory, many come. Wassermann tests are performed on all pregnant women.

The following table from the First Moscow Dermato-Venereological Dispensary shows something of the way contacts are followed up.

	1925	*1932*
Families examined	465	1,079
Children examined	1,536	12,330
Pregnant women examined	699	3,747

Education

The dispensaries and the health committees of local Soviets arrange for lectures, films and posters in factories and other places of work. These include instruction in sexual hygiene, which is also a prominent feature of gynaecological and obstetrical departments and of ante-natal and post-natal clinics. The aim is to inculcate a high standard of sexual morality with a rational attitude to venereal diseases, by those who unfortunately have acquired it. That is, while good health is the standard to be aimed at by all citizens, secrecy, with the resultant unwillingness to obtain treatment, is deplored. Special educational campaigns against the customs responsible for the spread of venereal diseases in rural areas have been carried out with great success.

Results of campaign

As the result of the campaign against venereal diseases and prostitution, there has been a considerable decrease in the incidence of infection throughout the country. The figures for primary syphilis throughout the country illustrate this.

Primary Syphilis per 10,000 population

	Town	Country
1913	25·7	2·66
1935	1·8	0·62

Venereal Diseases treated by First Moscow Dermato-Venereological Dispensary per 10,000 population

	1923	*1932*
Syphilis		
All forms	62·4	34·8
Infective stage	24·3	4·6
Gonorrhoea		
Acute	61·3	43·1
Chronic	52·7	3·0

Prostitution

From the Soviet point of view, prostitution is regarded as being primarily due to economic causes, and the campaign to abolish it was directed against the institution, not the individual. Measures for the control of prostitution were considered to be the responsibility of the health authorities, not of the police. The two most important factors in the reduction in extent of the problem have been the improved status of women and the raising of the general economic level. The latter factor has acted in two ways, first by making early marriage the general rule, and secondly, since unemployment ceased in 1930, by making it possible for all women to earn a living in industry or similar work.

When prostitution was a large-scale problem, a network of prophylactoria was established, which aimed at the re-education of prostitutes so that they could again take their part in the industrial life of the country. Entry into and stay in these institutions was voluntary, although the authorities retained the right to expel women who refused to conform to the (very reasonable) regulations. Those who required it, of course, received treatment for any venereal infection. From 1927 to 1936, 3,810 women, of whom 3,277 were infected, passed through the Moscow prophylactoria. Of this total, 90 per cent have since been earning their living in industry, and 41 per cent of them are "shock workers" (i.e. highly qualified). It is estimated that before the Revolution there were about 25,000 to 30,000 prostitutes in Moscow and about the same number in Leningrad. A careful survey of Moscow in 1928 gave the number as 3,000 and in 1930 as 800. Since the great reduction in the number of prostitutes the majority of prophylactoria have been closed, and those still in existence are now faced with the problem of the women, most of whom are psychopaths or feeble-minded, who still remain in them.

The effects of the campaign against prostitution on venereal infection are shown by the table below.

Number of Patients of Anti-Venereological Dispensaries in Moscow Infected by Prostitutes

Year	Number of patients per 10,000 pop.	Number contaminated by prostitutes	Per cent per 10,000 population	Per cent compared with 1914
1914	388·7	221	56·9	100·0
1925	190·0	60	31·7	27·1
1927	132·0	35	26·2	15·0
1934	75·1	9	12·0	4·0

According to the latest information available, in the thirty largest cities primary cases of syphilis in 1939 decreased by 25·7 per cent as compared with those in the preceding year, and in Moscow primary syphilis is of such rarity that medical schools experience considerable difficulty in finding cases for demonstration purposes. In rural districts the so-called "custom" syphilis has disappeared

with the harmful customs which caused it. Since Wassermann reactions have been performed on all pregnant women, new cases of congenital syphilis have become extremely rare.

REFERENCES

Propper-Graschenkorf (1938) *Public Health Protection in U.S.S.R.*
Semashko, N. (1942) Cable, *Social Diseases in the U.S.S.R.*
Sigerist, H. (1937) *Socialised Medicine in the Soviet Union.*

CLINICAL RECORDS

GUMMA OF THE TONGUE IN A CONGENITAL SYPHILITIC

Introduction

The delayed occurrence of a grossly destructive lesion in a congenital syphilitic child whose history has been devoid of any previous lesions due to syphilis is invariably of much interest. Some special affections, for example, juvenile tabes dorsalis and general paralysis, in young people are always late in onset or at least in the production of recognizable clinical signs. Others, such as affections

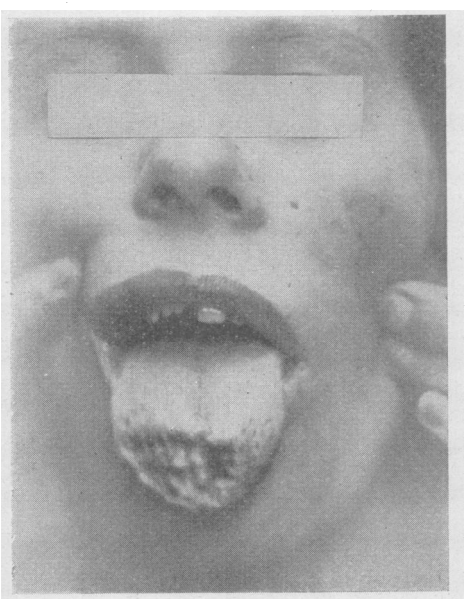

Fig. 1. *Gumma of tongue in congenital syphilitic when first brought to hospital.*

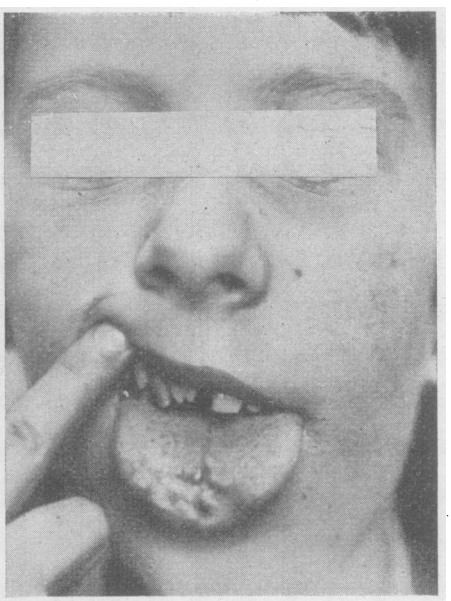

Fig. 2. *Appearance of gumma fourteen days after treatment was begun.*

of bone, may occur at any period although their type and multiplicity vary with the different age levels. Interstitial keratitis, uncommon under the age of five, may occur for the first time in any later year well into adult life. In general the destructive lesions of mucous surfaces are more likely to be encountered in the later years of childhood.

A gumma of the tongue whether occurring as an isolated lesion or in association with other manifestations of congenital infection appears to have been a rarity in recent years. Even in adults with acquired affection a gumma of the tongue is by no means a frequent occurrence.

Leucoplakia of the dorsal surface of the tongue, which is a frequent manifestation in acquired syphilis in men but far less common in women, is apparently extremely unusual in a child, although Hutchinson described several examples. Many